FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1388894

	OMB APPROVAL
Expires: Estimate	mber:
4	
Prefi:	

Name of Offering	(check if this is an a			ndicate change.)			
Limited Liability Co	ompany interests in Rici	nardson Fund A, LLC				<u> </u>	
Filing Under (Check	box(es) that apply):	☐ Rule 504	Rule 505	Rule 506	□ Section	4(6) ED (1)	LOE
Type of Fil ng:	New Filing	☐ Amendment				- Colored	<u> </u>
		A. BASI	C IDENTIFICAT	TON DATA	ZZ JAN	2 9 2007	>>
Enter the information	mation requested about th	e issuer					
Name of Issuer	check if this is an a	mendment and name l	has changed, and ir	dicate change.		400 KS	
Richardson Fund	A, LLC					186	
Address of Execut	tive Offices				Telepl	none Number (la	ncluding Area Code)
8029 Park Lane, B	ethesda, MD 20814		(Number and Stre	et, City, State, Zip (Code)	(240) 75	3-4806
Address of Principa	l Offices		(Number and Stre	et, City, State, Zip (Code) Telep	hone Number (I	ncluding Area Code)
(if different from Exe	ecutive Offices)					/ PR	
Brief Description of	Business: private in	vestment company			/	' '	OCESSED
Type of Business O	Inganization ,	· •					B 0 6 2007
• •	☐ corporation	☐ limited	partnership, already	formed	other (p	lease specify	101100.
	☐ business trust	☐ limited	partnership, to be fo	med L	imited liability	company FI	NONSON -
				Ye	аг		AVIACIAL
Actual or Estimated	Date of Incorporation or C	Organization:	0 8	20	06	Actual	Estimated
Jurisdiction of Incor	poration or Organization:	(Enter two-letter U.S.	Postal Service Abbi	eviation for State;			_
			N for Canada; FN f		sdiction)	DE	_

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77c(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Fallure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



		A. BASIC II	DENTIFICATION DAT	A	
Each beneficial owEach executive office	he issuer, if the iss ner having the po- icer and director o	suer has been organized wi wer to vote or dispose, or di	ithin the past five years; irect the vote or disposition o corporate general and manag	of, 10% or more of ging partners of pa	a class of equity securities of the issuer,
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Managing Member
Full Name (Last name first,	if individual):	J.J. Richardson, LLC	3		2141
Business or Residence Add	lress (Number and	d Street, City, State, Zip Coo	de): 8029 Park Lane, B	ethesda, MD 208	14
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner		Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Siegel, John R.		**	-
Business or Residence Add	ress (Number and	J Street, City, State, Zip Coo	de): 8029 Park Lane, B	ethesda, MD 208	14
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,		n - n			
Business or Residence Add	ress (Number and	1 Street, City, State, Zip Coc	te):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):			<u>-</u>	11-1-1-1-1-1
Business or Residence Add	ress (Number and	Street, City, State, Zip Coc	de):	M	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	de):	****	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	ie):		70.0
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):		· · · · · · · · · · · · · · · · · · ·		
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	le):	<u> </u>	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

٠						В. 1	NFORM	ATION	ABOUT	OFFER	ING			
1. F	las the iss	uer sol	ld, or de	oes the is:	suer intend	d to sell, to Answer a	non-accre	edited inve endix, Col	stors in th umn 2, if f	is offering? iling under	ULOE.	,	☐ Yes	⊠ No
2. V	Vhat is the	minim	num inv	estment t	nat will be	accepted t	from any ii	ndividual?				•	\$50	0,000 (may be waived)
		i		inint auror	mhin of a	oinalo uni	n						[∑] Vac	□ No
		-											⊠ ies	
á	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full N	ame (Last	name	first, if	individual))									
Busin	ess or Res	idence	e Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code)		·				
Name	of As₃oci	ated B	roker o	r Dealer										
						tends to So		nasers						☐ All States
, [A]						•		[DE]			☐ [GA]	[HI]	[ID]	
	∐ [IN	ı 🗆] [IA]		□ [KY]	[LA]	☐ [ME]		☐ [MA]	[MI]	[MN]		[MO]	
☐ [M	T] [[NI	-		□ [NH]						[OH]		□ [OR]	☐ [PA]	
] [se) [[SD]		□ [TX]	[[עד]		□ [VA]	□ [WA]		□ [Wi]	[WY]	☐ [PR]	
Full N	ame (l_ast	name	first, if	individual))								, -	
Busin	ess or Res	idence	e Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code)						
Name	of Associ	ated B	roker o	r Dealer						· · · · · · · · · · · · · · · · · · ·				
						tends to So			******					☐ All States
□ [Al	-	-] [AZ]					□ [DE]		[FL]	[GA]	[HI]	[ID]	
] [IA]	□ [KS]				[MD]					☐ [MO]	
<u></u> [M							[NY]			[HO]				
	(Sc] [SD]		[XT] [□ [VA]	∐ [WA]				☐ [PR]	
Full N	ame (Last	name	first, if	individual))									
Busin	ess or Res	idence	e Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code)						
Name	of Associ	eted Br	roker o	r Dealer			**		•					
					cited or Int	tends to Ses)	olicit Purch	nasers						☐ All States
☐ [AI	.] ∐ [A	() 🗆] [AZ]			☐ [CO]	[CT]	□ [DE]		□ [FL]	☐ [GA]	☐ [HI]	☐ [ID]	
] [IA] -	□ [KS]				☐ [MD]			☐ [MN]	☐ (MS)	☐ [MO]	
☐ [M														
[R]		<i>╗</i> □] [SD]	☐ [TN]				□ [VA]				[WY]	☐ [PR]	
					(Use blai	пк sneet, d	or copy and	d use addi	tional copi	es of this s	neet, as n	ecessary)		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

000)	y exchanged. Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt		_		_
			0	_ *	
	Equity	<u> </u>	0	_ \$	0
	Convertible Securities (including warrants)	•	0	•	•
	Partnership Interests		0	_	0
	Other (Specify) limited liability company interests	<u>*</u>	,	_	0
	Total	<u> </u>	100,000,000	_	100,000,000
	Answer also in Appendix, Column 3, if filing under ULOE	2	100,000,000	_ \$	100,000,000
their pu	e the number of persons who have purchased securities and the aggregate dollar amount of urchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors			\$	\$84,000
	Non-accredited Investors		0	\$	0
3. If this fi sold by	Total (for filings under Rule 504 only)			<u> </u>	84,000
3. If this fi sold by first sal	Total (for filings under Rule 504 only)				84,000 Dollar Amount Sold
3. If this fi sold by first sal	Total (for filings under Rule 504 only)		Types of Security		Dollar Amount
3. If this fi sold by first sal	Total (for filings under Rule 504 only)		Types of Security	\$	Dollar Amount Sold
3. If this fi sold by first sal	Total (for filings under Rule 504 only)		Types of Security	\$	Dollar Amount Sold 0
3. If this fi sold by first sal	Total (for filings under Rule 504 only)		Types of Security 0 0	<u>\$</u>	Dollar Amount Sold 0
If this first sal inst sal a. Further securities The info	Total (for filings under Rule 504 only)		Types of Security 0 0	<u>\$</u>	Dollar Amount Sold 0 0
If this first sal a. Further securities The infernot kno	Total (for filings under Rule 504 only)		Types of Security 0 0 0	<u>\$</u>	Dollar Amount Sold 0 0
If this first sal a. Further securities The information of knother securities	Total (for filings under Rule 504 only)		Types of Security 0 0 0	<u>\$</u>	Dollar Amount Sold 0 0 0
B. If this fi sold by first sal d. a. Fu securiti The info not kno	Total (for filings under Rule 504 only)		Types of Security 0 0 0	<u>\$</u>	Dollar Amount Sold 0 0 0
a. If this first sal a. Fu securiti The infe not kno	Total (for filings under Rule 504 only)		Types of Security 0 0 0	<u>\$</u>	Dollar Amount Sold 0 0 0 0 0
3. If this fi sold by first sal securiti The info not kno	Total (for filings under Rule 504 only)		1 Types of Security 0 0 0	<u>\$</u>	Dollar Amount Sold 0 0 0 0 0 0 0 1 0 0 1 0 1 0 1 0 1 0 1
B. If this fi sold by first sal d. a. Fu securiti The info not kno	Total (for filings under Rule 504 only)		1 Types of Security 0 0 0 0	<u>\$</u>	Dollar Amount Sold 0 0 0 0 0 0 0 36,815
3. If this fi sold by first sal 4. a. Fu securiti The info not kno	Total (for filings under Rule 504 only)		1 Types of Security 0 0 0	<u>\$</u>	Dollar Amount Sold 0 0 0 0 0 0 36,815 0

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXP	PENSES	AND USE	OF PRO	CEEDS	S	
4	b. Enter the difference between the aggregate offering price given in response to Part Question 1 and total expenses furnished in response to Part C—Question 4.a. This differ "adjusted gross proceeds to the issuer."	ence is the			<u>\$</u>	99,9	963,185
5	Indicate below the amount of the adjusted gross proceeds to the issuer used or propose used for each of the purposes shown. If the amount for any purpose is not known, furnis estimate and check the box to the left of the estimate. The total of the payments listed in the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b.	sh an nust equal	Offi Direc	ents to cers, tors & iates			ments to Others
	Salaries and fees		<u>\$</u>	0		\$	0
	Purchase of real estate		\$	0		\$	0
	Purchase, rental or leasing and installation of machinery and equipment		\$	0		\$	0
	Construction or leasing of plant buildings and facilities		\$	0		\$	0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issu pursuant to a merger	er	\$	0		\$	0
	Repayment of indebtedness		\$	00		\$	0
	Working capital		\$			\$	
	Other (specify):		\$	0	\boxtimes	\$ 99	,9 <u>63</u> ,185
			\$	0		\$	0_
	Column Totals		\$		\boxtimes	\$ 99	,963,18 <u>5</u>
	Total payments Listed (column totals added)			⊠ <u>\$</u>	99,9	63,185	-
	D. FEDERAL SIGNATU	JRE		•			
co	is issue: has duly caused this notice to be signed by the undersigned duly authorized personstitutes, an undertaking by the issuer to furnish to the U.S. Securities and Exchange Compute issuer to any non-accredited investor pursuant to paragraph (b)(2) of Parle 502.	son. If this r mission, up	notice is filed on written red	under Rule juest of its s	505, the	e following information	signature on furnished
	suer (Print or Type) chardson Fund A, LLC	rek		Da		ry 26,	2007
	ime of Signer (Print or Type) Title of Signer (Print or Type) Principal of J.J. Richardson	, LLC, Man	aging Memb	er of the Is	suer		
							· .

		See Appendix, Column 5, for state response. e undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D of CFR 239.500) at such times as required by state law. e undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. e undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering emption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden establishing that these conditions have been satisfied. as read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly erson. Date	
1.			
	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?		
2.			
3.	The undersigned issuer hereby undertakes	to furnish to the state administrators, upon written request, information furnished by the issuer to offeree:	S.
4.	Exemption (ULOE) of the state in which this	notice is filed and understands that the issuer claiming the availability of this exemption has the burden	
The iss	suer has read this notification and knows the c zed person.	ntents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly	
			 7
	of Signer (Print or Type)	Title of Signer (Print or Type) Principal of J. J. Richardson, J. C. Managing Member of the Issuer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APP	PENDIX				
1	2	2	3		5				
	to non-accredited investors in State (Part B – Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)				
State	Yes	No	Limited Liability Company Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK							···		
AZ									
AR									
CA									
СО									
СТ								<u> </u>	
DE									
DC									
FL.								<u> </u>	
GA									ļ
HI			4.5						
ID								<u>.</u>	
IL.									<u> </u>
IN									<u> </u>
IA								ļ	<u> </u>
KS								ļ	<u> </u>
KY						<u> </u>		ļ	<u> </u>
LA								<u> </u>	
ME									<u> </u>
MD								1	
MA									
MI								<u> </u>	
MN					······································	1		- 	
MS						1		 	
MO							· -		
MT								1	1
NE				_				_	
WV									
NH		-						<u> </u>	
NM									

				APP	ENDIX				
1	2 3 4								5
	Intend to non-ad investors (Part B -	in State	Type of security and aggregate offering price offered in state (Part C – Item 1)		Disqualification under State ULC (if yes, attach explanation of waiver granted (Part E – Item 1				
State	Yes	No	Limited Liability Company Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NY							<u></u>		
NC									
ND									
ОН									
ок									
OR									
PA		х	\$100,000,000	1	\$84,000	0	\$0		х
RI									
sc									
SD									
TN									
TX									
UT									
VT									
VA				. 1					
WA									
wv									
WI			111111111111111111111111111111111111111						
WY									
Non US		ļ							

